Effective January 1, 2003 10 - 646 - 097												
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column-2) TYPE										OR	OTHER SMALL	
TOTAL CLAIMS			30	30				RATE.	FEE		RATE	FEE
FOR ·				NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			30 min	30 minus 20=		. 10		X\$ 9=		OR	X\$18=·	190
INDEPENDENT CLAIMS			3 m	3 minus 3 =		0		X42=		OR	X84=	
MU	TIPLE DEPEN	DENT CLAIN	A PRESENT	RESENT				+140=		OR	+280=	
* If 1	the difference		TOTAL		OR	TOTAL	930					
CLAIMS AS AMENDED - PART II OTHER THAN												THAN
	· · · · · _	(Column	1)	(Colui		(Column 3)	,	SMALL	ENTITY	OR	SMÁLL	
7		CLAIMS REMAINING AFTER AMENDMENT	G		BEA	PRESENT EXTRA		RATE	_ADDI: TIONAL FEE	7. 7. 7.	RATE	ADDI- TIONAL
ž			WT.	PREVE							חַיִּיוּ	FEE_
AMENDMENT A	Total	. 70		<u>ئ</u>	90	= 40	1	X\$ 9=		OR	X\$18=	
ME	Independent				3_	= 4]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE			PENDEN	TCLAIM		j				-000	
								+140=		OR	+280=	
	i) .	•				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	131 105	(Column	1) .	(Colu	mn 2)	(Column 3	L					` •
AMENDIMENT B		CLAIMS REMAININ AFTER AMENDME	G	HIGH NUM PREVI PAID		R PRESENT ISLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	. 70	Minus	**	70	£]	X\$ 9=		OR	X\$18=	
ME	Independent	. 7	Minus		1	=]	X42= ·		OR	X84=	
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDEN	TCLAIM		J	+140=		OR	+280=	
				• .				TOTAL		OR	TOTAL ADDIT, FEE	
		(Column		(Colu	ımn 2)	(Column 3	a'	ADDIT. FEE		•	ADDN. 120	
	CLA			HIG	HEST				ADDI-	l		ADDI-
1 C	REMAINING AFTER			NUI PREV		PRESENT		RATE	TIONAL		RATE	TIONAL
N.		AMENDME			FOR		4		FEE	Į		FEE
AMENOMENT	Total	•	Minus	••		=	4	X\$ 9≂		OR	X\$18=	
AME	Independent	*	Minus	***	=		4	X42=		OR	X84=	·
	FIRST PRESE	O NOITATION	F MULTIPLE D	PENDEN	II CLAIN		L				7000	
+140= OA +280=												
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
"	TI the "Highest No The "Highest Nor	umber Previous mber Previous	sty Paid For IN T ty Paid For" (Total	or Indepen	c cs ress in ident) is th	e highest num	ber f	ound in the ep	opropriate bo	o ni x	otumn 1.	l

Application or Docket Number